Approved, SCAO		JIS CODE: SRR
STATE OF MICHIGAN PROBATE COURT MONROE COUNTY CIRCUIT COURT - FAMILY DIVISION	SIX MONTH REVIEW REPORT	FILE NO. 2014-2285-MI
n the matter of	RAGLAND, JOSHUA A.	
1. The individual presently resides at own home or with relatives a center a hospital a private facility	 HER PSYCHIATRIC HOSPITAL 30901 PALME	ER RD. WESTLAND, MI. 48186
	orized leave on	and continues on leave status
By order of this court dated		al was placed in a
person, and the individual has en expectation.  b. is unable to attend to his or her individual to avoid serious harm those basic physical needs.  c. his or her judgment is so impaire	ion program. icial admission.	eats that are substantially supportive of the or shelter that must be attended to for the onstrated that inability by failing to attend to his or her need for treatment, and the
5. I believe the individual has mental unintentionally seriously physically supportive of that expectation.	retardation and can be reasonably expected injure self or another person and has overtly	n the near future to intentionally or acted in a manner substantially
My conclusion is based on the following Patricut has more of the feels sad, is notes him of the car will make them much suited I thought he have to have you and I thought he have you and I have you have he have you have	ing facts of which I have personal knowledge:  Somy Some the off of himself of hers Recompthe of hers reached the himself of herse aparith of the himself and he herself and he want to bridge ( he has personal of he has produced to bridge of he has a produced to bridge of her has a produced to bridge	ongthe, 2 weeks prior expelses helpless, he was expelses helpless, he was expelses helpless, he was expelses helpless, he was reasymment, has primit or portect knite si he was y more this hogy was
	Do not write below this line - For court use or	
	00085285487	

SRR

2014-2285-MI Julie Langton, Clerk Ref# 47 02/03/2016

02/02/28162:18:57-113789-7474956ECF No. 130-1	5, PROUDT.31581RFiled 09/10/20 Page PAGE 204/04
Droomsansed Sur beder Call the proper	if regulated aness of it regulated it regulated it regulated in contract and the Rest in the contract at the properties of on reports by others whose names and addresses, if known, 1
him have followers associat changes 1	4 Count of porce officer an with yo Rest to
obstructing of was delland NGRIA Red	land to ACT teamen ALS by C+ P PL
7. My conclusion is based on the following facts, which are bas	sed on reports by others whose names and addresses, if known,
are: has pure suched to	roughts. He also druke keer
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 St (SD searched his
and and in the som	work 50 CFP revolued his
ALS. compt. Pt Carpine	is to have hopelessner helphons
Do promed mand passe su	add that ghe at the of they
Quality be specked for the	dement a mought process
Leadne I in Structure	de thougher at the a then the self-self-self-self-self-self-self-self-
8. The alternative treatment program provided to the individua	I since the order and the results are:
b. The alternative frequirent program provided to the mandate	D.W. W Treatment
	team greed with above
Λ /	
Manc	I thanker menger
	on theday of war
<b>⊘</b> is	
	ne individual's condition, the estimate of time required for further
□ days,	
	ns in treatment are currently planned during the next six-month
period or proposed as alternative treatment and will be ade	
(write "none" if continuation of previous treatment program[s] is/are the o	
1 ill Aunt horamadication	we ham sympour mangement
will apply the street of	aumston maneferen
psychotherpy will in is	we wan of
and made the manage	ment yours a chamaning
-a meacan man	u many change and
therapy and manitor	The respection of
massing low so	Tely
10. The individual	the response clasely and
a. continues to be a person requiring involuntary mental	
b. continues to be a person meeting the criteria for judic	al admission.
c. should be discharged from the treatment program.	
I declare under the penalties of periury that this report has been	examined by me and that its contents are true to the best of my
information, knowledge, and belief.	
1-28-16	(I) A MARINE
Date	Signature of physician or licensed psychologist
<del></del>	MADHUMALTI BHAVSAR, M.D.
	Name (type or print)
	PSYCHIATRIST Title
	(734) 367-8600
so the test of any and the professional and the contract of th	Telephone no. v residence and a second secon